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APPLICANTS

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** CONTINUING DATA ***** *NONE S.A.*

** FOREIGN APPLICATIONS ***** *NONE S.A.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 1	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>WTR</i> Examiner's Signature	<i>S.A.</i> Initials			

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TITLE
 Process for manufacturing a dental prosthesis framework

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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